

## AMERICAN INTELLIGENCE.

## ORIGINAL COMMUNICATIONS.

*Note of the Delivery of a Female, one of whose Lower Limbs had been Disarticulated at the Hip-Joint, seventeen years since, for Morbus Coxarius.* By JOHN H. PACKARD, M.D.—A few months since, a case of pregnancy came under my notice, occurring in a coloured girl about 23 years of age. She seemed stout and hearty, although presenting marks of serofulous enlargement of the cervical glands.

I learned that she had been, in 1840, the subject of disarticulation of the hip-joint for morbus coxarius. The operation, which was performed by Dr. Duffy, of this city, was at the time considered a very rash one; the patient's condition was very low, and the acetabulum was involved in the disease; yet the patient, seventeen years afterwards, presents a fine healthy stamp, and a beautiful cicatrix. Her delivery, which took place at the Blockley Almshouse, was perfectly successful.

Surely this operation, *in this case*, has "stood the test of time."

No one would pretend to say that this single instance, in which a favourable result ensued, should lead to the general adoption of this plan of treatment for coxalgia; or that the disease was entirely cured in this individual; but it might, perhaps, justify a similar operation in some cases, and is, at any rate, another remarkable instance of recovery under what would be generally considered desperate circumstances. Perhaps, also, in reference to a case like this, it might be asked of those who call the necessity for operative interference the opprobrium of surgery, whether more could be expected of any medical treatment than to give a dying child an additional term of life of at least seventeen years?

*Case of Fracture of the Pelvis during Pregnancy.* By J. WHITAKER, M.D., of Lewistown, Niagara Co., N. Y.—On the 18th day of December last, I was consulted by Mrs. W., who informed me that she had received a fall the day before, slipping down a pair of steps, and striking astride the edge of an open upright barrel. My fears for her safety were aroused when she informed me that she was in the seventh month of gestation. She complained of excruciating pain in the left pubic region on the least motion. On examination, I found an oblique fracture of the body of the left os pubis; there was but little displacement, no lesion of the bladder or rectum, and fortunately no positive attempt at miscarriage. A roller bandage was applied around the pelvis, opiates were administered, and the urine drawn off for three days by means of the catheter. No bad symptoms supervened, and in six weeks the patient was able to walk about the room. On the 6th of March inst. she was delivered, after an easy labour, of a healthy female child, weighing ten pounds. The fracture was of course reopened, and I was not surprised in seeing symptoms of peritonitis present themselves; these were promptly met by bloodlettings, and the exhibition afterward of calomel and opium. The inflammation yielded kindly, and I am happy to

state that at this date the patient is doing exceedingly well, and will be up in a few days.

*Ovariectomy Successful.* By E. P. BENNETT, M. D., Danbury, Conn.—The patient was a Mrs. Stevens, aged 49, married, and had borne children. Until within the last six or seven years she had enjoyed good health. I saw her about the middle of April last, when she appeared almost as large as a woman at the full period of gestation. Upon examination there was a feel as of two distinct tumors, but, upon close investigation, I was convinced it was a case of multilocular ovarian dropsy. The mass was quite movable, so that I was well satisfied that no extensive adhesions existed. I operated on the 25th of April by an incision about four inches in length; tapped four cysts as the sac was pulled out by my son; turned the patient upon her face near the edge of the table to facilitate the escape of the fluid; drew out the sac, and tied with a double ligature. The only trouble experienced in the operation was the protrusion of the omentum. On the tenth day the ligatures unexpectedly came away, and at the end of two weeks she was able to sit up and walk about her room, the wound having entirely closed. This has most truly been a fortunate case, and I am more firmly than ever grounded in the belief, that in well selected cases extirpation is of all others the remedy to be relied upon for the cure of this fatal disease. There are, on the other hand, cases which cannot be removed with any rational prospect of success in consequence of extensive adhesions; these are the cases to be treated by injections or by the establishment of fistulous openings (not into the cavity of the abdomen, as recommended by Dr. Simpson, but through the abdominal walls externally). Treated in this way the sac continually shrinks, and in some cases comes away piece by piece, and the patient recovers in a great measure, if not entirely, her health. The young lady upon whom I operated in Jan. 1856, continues in good health.

*Death following the Inhalation of a Mixture of Ether and Chloroform.* By R. CROCKETT, M. D., of Wytheville, Va. (Communicated in a letter to the Editor.) MY DEAR SIR: I feel impelled from a sense of professional duty to communicate to you the following case of death resulting from the use of ether and chloroform.

A sprightly little boy, five years of age, the son of Mr. Bonham, of Smyth County, was brought to me by his physician, Dr. A. Kineannon, of that county, to have a fatty tumour removed from his back. The tumour was a large one, commencing at a point at its inferior termination opposite the last rib, about two and a half inches to the right of the spinous processes, and extending obliquely upwards, crossing the spine seven inches, requiring two elliptical incisions nine inches long for its removal.

The operation was commenced at half-past 9 o'clock A. M., April 4; the anæsthetic used was a mixture of washed ether, four parts, and one of chloroform. The anæsthetics were procured from Mr. Frederick Brown, whose character is a sufficient guarantee that they were pure. Dr. Kineannon, my son Dr. Joseph Crockett, and an intelligent pupil of mine, Mr. Campbell, present.

The anæsthetic was carefully mixed by myself, and a drachm of it poured on a funnel-shaped sponge prepared for that purpose. Every preparation for the operation having been made, the administration of the anæsthetic was commenced by myself, observing all the precautions so fully recommended by Erichsen, page 78 of his *Operative Surgery*, by Brinton. As soon as anæsthesia was induced, the sponge was confided to Dr. Kineannon, who held his fingers all the while on the patient's pulse. The operation was com-

menced as soon as the patient was brought under the influence of the anæsthetic; the dissection was rapidly executed, stopping to ligate a large artery that was early divided; the remaining arteries were compressed by Mr. Campbell as they were divided; the tumour was quickly removed, and a ligature applied to the last artery, being the sixth in number requiring the ligature. Whilst my son was sponging the wound, and waiting to see if any more arteries would spring, the little boy began to vomit. I immediately turned and took hold of his arm, and feeling his wrist, remarked to Dr. K. that he was pulseless; Dr. K. replied that "his pulse had never given way until he began to vomit." He ejected a small portion of the contents of the stomach. He was immediately placed in the "prone position" recommended by Dr. Marshall Hall in the July number of the *American Journal of the Medical Sciences*, page 224. I also introduced my finger into the mouth to be certain that the tongue had not fallen back so as to obstruct the glottis or the entrance of air into the windpipe. We persevered in these efforts, so fully and ably recommended by Dr. Hall, and my assistants in the mean time rubbed the extremities with aqua ammonia, &c. Electro-magnetism was not resorted to, as we were three miles in the country, and I had not my electro-magnetic apparatus with me. The patient died in three or four minutes from the commencement of vomiting. He lost probably four ounces of blood; certainly not exceeding six.

When Mr. Campbell removed his fingers from the last artery to be tied, there was a fine jet of florid blood from it, showing conclusively that he was not asphyxiated at that time. Anæsthesia was not carried so far at any stage of the operation as to produce the slightest stertor in breathing. Dr. K. assured me that up to the time he began to vomit there was nothing in the circulation or respiration to produce the least apprehension.

A post-mortem examination was prevented by the removal of the body in the afternoon train of that day.

I have latterly employed this anæsthetic freely, formerly having used ether alone. As yet I have not seen a case of death reported from ether, or this mixture of it with chloroform, that I can now recollect. Are then any such reported?

I greatly fear all the deaths from anæsthetics are not reported.

*Mental Influence of Mother on Fetus in Utero exerted through two successive Pregnancies.* By S. L. KERN, M. D., of El Paso, Woodford County, Ill.—In the forepart of May, 1852, a little daughter of Mrs. H. fell from a table, face foremost, on to a cooking-stove sufficiently hot to burn slightly. The cries of the child quickly brought to her assistance Mrs. H., who was in an adjoining room. Upon seeing her child on the stove, which she presumed to be quite hot, she became instantly alarmed, fearing the child was fatally burned. Her nervous system was shocked to such a degree that she did not recover from it for two weeks—her mind frequently turning to the accident. The child was slightly burned on its face, hands, and arms. Mrs. H. was in the seventh month of her third pregnancy. On July 27 her accouchement took place; I was called in; child was born some time before I arrived. Mrs. H. was comfortable. Her mother presented the child to me, saying, "Doctor, it is strangely marked." I was much surprised to see it blistered on its lips, in mouth, on right ear, on right elbow, both hands and fingers, on each knee, and on both ankles and feet. The blisters had every appearance of those from burns, were inflamed at the base, and filled with a light straw-coloured serum. The child seemed to suffer much pain, and died on the third

day. Mrs. H. is of nervous temperament, and, except an attack of chill fever in April previous, which had continued four or five days, had for some years enjoyed good health, and was altogether free from disease at that time.

She became pregnant again; accouchement took place Sept. 5, 1853; I attended her; her labour was short and easy. When the child was brought to view we were struck with amazement to see it marked precisely on the same parts and in the same manner as the above described one. The blisters were full of serum, and had the same appearance in every respect. Inflammation on its hands and feet was deep; sloughing set in; nearly all its fingers and toes sloughed off. Blisters on the other parts soon healed. Treatment—stimulating lotions, and magnesia internally. In October following, ulcers were all healed, and child healthy. Mrs. H.'s health during this last pregnancy was good, and her mind was easy. She never once feared that that child would be marked. In the fall of 1854 she gave birth to another child, which was healthy and free from any mark. I have seen accounts of several remarkable cases of the mental influence of the mother upon the child *in utero*, but never of a case where the influence extended to the second child. She feared the first one would be marked; she had no apprehension that the second would. The nervous impression must have continued until the second was affected as above described. Cases less remarkable than the foregoing are on record; these too, I think, are worthy of a place. I leave them to you and others for comment.

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*Case of Arrest of Development.* By S. L. KERR, M.D., of El Paso, Woodford Co., Ill.—Mrs. M., on the 6th April, gave birth to a female child which has no arm on its right shoulder; instead of which there is a fold of skin an inch in length. The arm on the left shoulder is without elbow-joint, the third and fourth fingers, and that part of the hand behind them. The distance from shoulder-joint to wrist-joint was precisely four inches. It is free from any other visible imperfection; it is Mrs. M.'s fourth child; other three are living, and perfect in form. No cause for the freak is known.

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*Case of Fibrinous Plugs in the Abdominal Aorta, Right Iliac, and Right Subclavian Arteries.* By G. A. WILBUR, M.D., of Skowhegan, Me.—Mr. J. R., of Norridgewock, Me., aged about 60, a farmer, and rough carpenter, accustomed to lift heavy weights; while away from home at a hard day's work, and without dinner, fourteen years since, was taken with severe pain which he called "cramp" in the stomach, attacks of which he has had, at irregular intervals, ever since. When a paroxysm commenced, it could usually be stopped by swallowing food, or a carminative; and when it left him it was with a gurgling sensation, as if the cause had been gas.

Dec. 28, 1856. After having suffered for about a week with an unusual headache and slight chills on retiring, he was seized with excruciating pain in the right leg, with a violent chill that chattered his teeth and shook his bed. Stimulants and rubbing were applied to the leg, and in a few hours the pain subsided. In three or four days the pain seized his right forearm, which also yielded after six or eight hours, leaving the arm palsied for a time, and permanently pulseless. In each instance the chill was followed by a hot stage, which was succeeded by a profuse sweat. These paroxysms, excepting the pain, continued to occur at irregular intervals of about twenty-four hours. During three or four of the paroxysms he was noticed to be slightly delirious; at other times he was rational and calm. He slept well, unless under the influence of an opiate, which, as heretofore, made him wakeful.

*Jan. 10, 1857.* I was called for the first time to see him, when I obtained the above history of the case from his family. I found him with left eye somewhat suffused, articulation rather indistinct, and deglutition clumsy; right wrist, elbow, axilla, and subclavian pulseless; sought for tumour in subclavian region, but found none; therefore examined right leg, no pulse at the ankle, and only a slight jar at the knee. Although the pulse was absent at the right wrist, yet, on compressing the artery, I could at the moment perceive the blood flow against my finger as if obstructed by it. This pulseless condition continued until death, excepting, when the arm had been rubbed for half an hour, I could detect a slight pulse at the wrist. He continued to have the shakes, hot and sweating stages at irregular intervals up to the 13th, when he had a violent paroxysm in the evening as his shake passed off. I found him with a pulse so irregular as to prevent counting it; the action of the heart also irregular and furious, both sounds resembling that elicited by snapping the finger against a piece of thick cloth very moderately stretched. The pulsation of the abdominal aorta in the hypogastric region sounded like percussion over a tympanitic abdomen, and was audible at the distance of eight or ten feet at least; these sounds arose above those of the heart, even with the ear applied to the cardiac region for the purpose of auscultation. He had no more shakes, but in their stead he had paroxysms of similar action of heart and aorta up to the morning of the 17th, and the only change in his symptoms was a gradual loss of strength. On the morning of the 17th he suffered considerably from pain in the right limbs, and, for the first time since his attack of chills, from his old acquaintance "cramp in the stomach." On the evening of this day he was very low, pulse irregular and weak, and the dorsum of right foot and parts of the leg had assumed a dark mahogany colour, not to be scattered by friction or pressure; this discoloration gradually spread over his right leg, arm, back, and left leg, and he sunk gradually until the 23d, when he died.

*Post-mortem examination had about thirty-six hours after death.*—We detected no disease of the stomach, liver, bowels, kidneys, pancreas, or lungs, excepting a slight congestion of left lung. Spleen weighed about two pounds, and was so softened in places as hardly to retain its form when laid upon a level surface. Heart: the inner surface of the left auriculo-ventricular opening presented a spot about three-quarters of an inch in length by one-sixteenth of an inch wide, of a dark brown colour, and indurated like a scirrhus. The discoloration is not entirely lost, though macerated in alcohol for more than two weeks. Arteries: the subclavian where it gives off the thyroïd axis, the abdominal aorta at its bifurcation, and the right common iliac at its bifurcation, were plugged with what seemed to be fibrin almost organized. How did the disease of the heart, or other cause, produce these plugs?

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#### DOMESTIC SUMMARY.

*Excision of the Tonsils.*—Dr. J. MASON WARREN made (March 23d, 1857) a highly interesting communication to the Boston Society for Medical Improvement on this subject.

He stated that he had lately removed the tonsils from a child in whom, in addition to the ordinary symptoms of obstruction to the breathing and alteration of the voice, was produced a most remarkable spasmodic cough, resembling the barking of a dog.